

# REGISTRATION FORM

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REGISTRATION FEE: \$20.00; No charge for accompanying spouse.

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

(In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number will be used as an identification number.)

ADDRESS: \_\_\_\_\_

PHONE: (work) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

☐ My spouse will be attending. Name: \_\_\_\_\_

☐ Paying by Check (enclosed) ☐ IDB Billing Dept Number \_\_\_\_\_ Contact Person \_\_\_\_\_

## **NDPERS BENEFIT ESTIMATE INFORMATION**

### **Retirement Projection (LIMITED to 2 projections; this includes Unused Sick Leave):**

☐ Age 55    ☐ Age 62    ☐ Age 65    ☐ Earliest Rule of 85    ☐ Other-Specify Date: \_\_\_\_\_

### **Unused Sick Leave Purchase:**

(Leave blank if unused sick leave purchase is not desired)

\_\_\_\_\_ Number of hours of accumulated sick leave

**RETURN NO LATER THAN September 15!**

TO:                   NDPERS  
                          Michele Forest  
                          PO BOX 1657  
                          Bismarck ND 58502-1657

FAX: 701-328-3920 E-mail: [mforest@nd.gov](mailto:mforest@nd.gov)

**IF PAYING BY CHECK, THE REGISTRATION FEE OF \$20 MUST BE INCLUDED WITH A COMPLETED REGISTRATION FORM. Make check payable to "NDPERS". NO REFUNDS GRANTED FOR CANCELLATIONS RECEIVED AFTER September 15, 2006. Confirmations will be sent via E-mail on September 21<sup>th</sup>.**

**Cash will NOT be accepted! Registrations will NOT be taken over the phone!  
Registration forms received after September 15<sup>th</sup> will NOT BE ACCEPTED!**

**If you have any questions please give Michele Forest a call at 701-328-3923.**